



| APPLICATION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) A15 DIV(14) | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|----------|------------|-------------------------|--|--|-----------|----------|----|---|-----------|-----------|----|--|-------------|-----------|----------|--|-------------|-----------|------|--|-------------|-------------|------|
| To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | In re Application of Yadav, et al. | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Application No. 10/698,577 Filed 10/31/03 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | For: Nanomaterials With Unusual Properties | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Art Unit 1118 Examiner Hoa T. Le | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.</p> <p>The requested extension and fee are as follows (check time period desired):</p> <table> <thead> <tr> <th></th> <th><u>Fee</u></th> <th><u>Small Entity Fee</u></th> <th></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td>\$ 120.00</td> <td>\$ 60.00</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td>\$ 450.00</td> <td>\$ 225.00</td> <td>\$</td> </tr> <tr> <td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td>\$ 1,020.00</td> <td>\$ 510.00</td> <td>\$ 1,020</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td>\$ 1,590.00</td> <td>\$ 795.00</td> <td>\$ 0</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td>\$ 2,160.00</td> <td>\$ 1,080.00</td> <td>\$ 0</td> </tr> </tbody> </table> <p><input type="checkbox"/> Applicant claims small entity status . See 37 CFR 1.27.</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 50-1123. I have enclosed a duplicate copy of this sheet.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>44,866</u> <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) <u>44,866</u>.</p> <p><u>3/31/06</u> Date</p> <p><u>720-406-5378</u> Telephone Number</p> <p><u>Kent A. Lembke</u> Typed or printed name</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input checked="" type="checkbox"/> Total of <u>one</u> form is submitted.</p> | | | | <u>Fee</u> | <u>Small Entity Fee</u> | | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ 120.00 | \$ 60.00 | \$ | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ 450.00 | \$ 225.00 | \$ | <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ 1,020.00 | \$ 510.00 | \$ 1,020 | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ 1,590.00 | \$ 795.00 | \$ 0 | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ 2,160.00 | \$ 1,080.00 | \$ 0 |
| | <u>Fee</u> | <u>Small Entity Fee</u> | | | | | | | | | | | | | | | | | | | | | | | | |
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